

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

015-

(Must be filled by producer)

Alcoa
121 Alcoa Ave LA 137413
P.O. or Contract No. LA 137413
Date: 7-23-79

Waste: *water cooling*
(Examples: metal plating, equipment cleaning, oil drilling, wastewater treatment, pickling bath, petroleum refining)

OF WASTE (Must be filled by producer)

Wastes:

- | | | |
|--|--|---|
| <input type="checkbox"/> solution | 6. <input type="checkbox"/> Tetraethyl lead sludge | 11. <input type="checkbox"/> Contaminated soil and sand |
| <input type="checkbox"/> alkaline solution | 7. <input type="checkbox"/> Chemical toilet wastes | 12. <input type="checkbox"/> Cannery waste |
| <input type="checkbox"/> solids | 8. <input type="checkbox"/> Tank bottom sediment | 13. <input type="checkbox"/> Latex waste |
| <input type="checkbox"/> paint sludge | 9. <input type="checkbox"/> Oil | 14. <input checked="" type="checkbox"/> Mud and water |
| <input type="checkbox"/> solvent | 10. <input type="checkbox"/> Drilling mud | 15. <input type="checkbox"/> Brine |

Other (Specify):

acid waste
Examples: Hydrochloric acid, lime, caustic soda, non-halogenated metals (list), phosphoric acid

Concentration:	Upper	Lower	%	ppm

Hazardous Properties of Waste

1. ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive
2. ☐ gal ☐ tons ☒ barrels (42 gal) ☐ other (specify)
3. ☐ drums ☐ cartons ☐ bags ☐ other (specify)
4. ☐ solid ☒ liquid ☒ sludge ☐ other (specify)

Other handling instructions (if any):

The waste is as described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

HAULER OF WASTE (Must be filled by hauler)

ASBURY OIL CO.
13419 Halldale Ave., Gardena, California 90249
Phone: (213) 321-1392

SFUND RECORDS CTR
999000379

Pick Up: 7-23-79 Time: 15 (DATE) (TIME)

State Liquid Waste Hauler's Registration No. (if applicable):

Job No.: No. of Loads or Trips: 1 Unit No. 4

Vehicle: ☒ vacuum truck 100 barrels, ☐ flatbed, ☐ other (SPECIFY)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Steve Pinsky
SIGNATURE OF AUTHORIZED AGENT AND TITLE

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): OPERATING INDUSTRY
Site Address: MONTEREY PARK

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): State fee (if any):

Handling Method(s):

- ☐ recovery
☐ treatment (specify):
☐ disposal (specify): ☐ pond ☐ spreading ☒ landfill ☐ injection well
☐ other (specify):

If waste is held for disposal elsewhere specify final location:

Disposal Date: 7-24-79

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Officer
SIGNATURE OF AUTHORIZED AGENT AND TITLE

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

K001308

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

D.O.T. Proper Shipping Name

DISPOSAL STATE CO